

DETERMINATION OF SUPPLEMENTAL DOWN PAYMENT ASSISTANCE AND CLAIM FOR PAYMENT

North Dakota Department of Transportation, Design
SFN 17863 (Rev. 02-2002)

TO: Design Division North Dakota Department of Transportation 608 East Boulevard Avenue Bismarck, North Dakota 58505-0700		Project Number	
		Parcel Number	
Full Name of Occupant		Occupant's Mailing Address	
Type of occupancy covered by this claim Tenants <input type="checkbox"/> 90 - 179 Day Owner - Occupants <input type="checkbox"/>	Type of Dwelling Occupied Conventional Unit <input type="checkbox"/> Apartment or Sleeping Room <input type="checkbox"/> Mobile Home <input type="checkbox"/>		
Location of State-acquired Property	Duration of Occupancy At State Acquired Property		
	Years	Months	Days
Location of Replacement Property	Date Occupant Moved into Replacement Property		

ELIGIBLE DOWN PAYMENT ASSISTANCE PAYMENT (TENANTS)

- (a) **Refer to Determination of Supplemental Rental Housing Payment Form** for required rental assistance payment calculations. Determined Rental Assistance Payment \$ _____
- (b) Tenants Down Payment - Amount of Item (a) above \$ _____
(Not to exceed \$5,250 unless last resort housing is required)

ELIGIBLE DOWN PAYMENT ASSISTANCE PAYMENT (90-179 DAY OWNER-OCCUPANTS)

- (a) The Amount of Replacement Housing Payment \$ _____
Refer to Replacement Housing Computation Sheets Form
- (b) The required amount for increased interest costs and other debt service costs in connection with the mortgage on the acquired property \$ _____
- (c) The amount of expenses that are incidental to the purchase of the acquired property \$ _____
- (d) Owner-occupants down payment - total amount of (a), (b), and (c) (not to exceed \$ 22,500 unless last resort housing is required) \$ _____

NOTE: The Relocation Officer shall assure that the purchased replacement dwelling is decent, safe, and sanitary and suitable in size and utility for the displaced person(s) prior to the down payment assistance being made.

I certify that to the best of my knowledge and belief, the above-described replacement property meets the standards for decent, safe, and sanitary housing established by the Federal Highway Administration.

I also certify that the down payment assistance payment being received will be utilized toward obtaining loan financing of a home that will be purchased and occupied by _____ (date).

I also understand that the payment being received is the down payment assistance payment which also includes any increased mortgage expenses and all eligible loan incidental costs.

Date of Claim	Claimant's Signature
Amount Approved for Payment \$	Claimant's Signature
Date Approved	North Dakota Department of Transportation